

SENATE BILL 570

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C3

2004 Regular Session
(4lr2481)

ENROLLED BILL
-- Finance/Health and Government Operations --

Introduced by **Senators Teitelbaum, Exum, Lawlah, and Middleton**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this
____ day of _____ at _____ o'clock, ____ M.

President.

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance - Small Group Market - Limited Health Benefit Plan**

3 FOR the purpose of requiring the Maryland Health Care Commission to adopt
4 regulations that specify the Limited Health Benefit Plan to be offered in the
5 small group health insurance market; establishing that a purpose of the
6 Commission is to develop a certain set of benefits to be included in the Limited
7 Health Benefit Plan; ~~establishing an exception for the Limited Plan to the~~
8 ~~prohibition on a person offering a health benefit plan without offering at least~~
9 ~~the Comprehensive Standard Health Benefit Plan~~; establishing an exception for
10 the Limited Health Benefit Plan to the prohibition on a carrier offering a health
11 benefit plan that has fewer benefits than those in the ~~Standard Plan~~
12 Comprehensive Standard Health Benefit Plan; providing that a carrier may
13 offer the Limited Health Benefit Plan only to certain small employers; ~~requiring~~
14 ~~certain benefits to be included in the Limited Plan~~; requiring the Limited
15 Health Benefit Plan to include certain deductibles and cost-sharing; requiring
16 the Commission to take certain action in establishing cost-sharing as part of the
17 Limited Health Benefit Plan; ~~requiring carriers that offer insurance in the small~~

1 group market to offer the Standard Plan to certain small employers; requiring
 2 certain carriers that offer insurance in the small group market to offer the
 3 Limited Health Benefit Plan to certain small employers; authorizing certain
 4 carriers that offer insurance in the small group market to offer the Limited
 5 Health Benefit Plan to certain small employers; *authorizing a certain small*
 6 *employer to renew a limited benefit plan under certain circumstances; requiring*
 7 *a carrier to offer coverage for all eligible employees and dependents of a small*
 8 *employer that qualifies for and chooses the Limited Health Benefit Plan and*
 9 *prohibiting the carrier from offering the Standard Plan for any ~~members~~*
 10 *employees of the small ~~employer's group~~ employer; prohibiting a carrier from*
 11 *offering a benefit in addition to the Limited Health Benefit Plan except for an*
 12 *additional benefit to lower the cost-sharing arrangements in the Limited*
 13 *Health Benefit Plan; providing that each additional benefit is subject to certain*
 14 *provisions of law; authorizing the Maryland Insurance Commissioner to prohibit*
 15 *a carrier from offering an additional benefit under certain circumstances;*
 16 *repealing certain obsolete provisions of law relating to the MCHP private option*
 17 *plan; making certain clarifying and conforming changes; defining a ~~certain term~~*
 18 *certain terms; requiring the Commission and the Maryland Insurance*
 19 *Administration to adopt certain regulations on or before a certain date;*
 20 *requiring the Maryland Insurance Administration, in consultation with certain*
 21 *groups, to develop a certain uniform form that health insurance carriers and*
 22 *producers must use to collect certain information;* requiring the Commission and
 23 the Maryland Insurance Commissioner to take certain actions to ensure that the
 24 Limited Health Benefit Plan is available to be offered in the small group market
 25 on a certain date; requiring the Commission to submit a certain report to the
 26 Governor and certain committees of the General Assembly on or before a certain
 27 date; providing for the termination of this Act; and generally relating to the
 28 Limited Health Benefit Plan under small group market health insurance.

29 BY renumbering

30 Article - Insurance
 31 Section 15-1201(i) through (p), respectively
 32 to be Section 15-1201 (j) through (q), respectively
 33 Annotated Code of Maryland
 34 (2002 Replacement Volume and 2003 Supplement)

35 BY repealing and reenacting, without amendments,

36 Article - Health - General
 37 Section 19-103(a)
 38 Annotated Code of Maryland
 39 (2000 Replacement Volume and 2003 Supplement)

40 BY repealing and reenacting, with amendments,

41 Article - Health - General
 42 Section 19-103(c)(6) and 19-108(a)
 43 Annotated Code of Maryland

1 (2000 Replacement Volume and 2003 Supplement)

2 BY repealing and reenacting, without amendments,

3 Article - Insurance

4 Section 15-1201(a)

5 Annotated Code of Maryland

6 (2002 Replacement Volume and 2003 Supplement)

7 BY adding to

8 Article - Insurance

9 Section 15-1201(i) ~~and 15-1204(g)~~

10 Annotated Code of Maryland

11 (2002 Replacement Volume and 2003 Supplement)

12 BY repealing and reenacting, with amendments,

13 Article - Insurance

14 Section ~~15-1204(b) and (c) and 15-1207~~ 15-1204(c), 15-1207, 15-1209, and

15 15-1213

16 Annotated Code of Maryland

17 (2002 Replacement Volume and 2003 Supplement)

18 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
 19 MARYLAND, That Section(s) 15-1201(i) through (p), respectively, of Article -
 20 Insurance of the Annotated Code of Maryland be renumbered to be Section(s)
 21 15-1201(j) through (q), respectively.

22 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland
 23 read as follows:

24 **Article - Health - General**

25 19-103.

26 (a) There is a Maryland Health Care Commission.

27 (c) The purpose of the Commission is to:

28 (6) In accordance with Title 15, Subtitle 12 of the Insurance Article,
 29 develop:

30 (i) A uniform set of effective benefits to be included in the
 31 Comprehensive Standard Health Benefit Plan; [and]

32 (II) A UNIFORM SET OF EFFECTIVE BENEFITS TO BE INCLUDED IN
 33 THE LIMITED HEALTH BENEFIT PLAN; AND

1 [(ii)] (III) A modified health benefit plan for medical savings
2 accounts;

3 19-108.

4 (a) In addition to the duties set forth elsewhere in this subtitle, the
5 Commission shall adopt regulations:

6 (1) [specifying] SPECIFYING the comprehensive standard health benefit
7 plan to apply under Title 15, Subtitle 12 of the Insurance Article; AND

8 (2) SPECIFYING THE LIMITED HEALTH BENEFIT PLAN TO APPLY UNDER
9 TITLE 15, SUBTITLE 12 OF THE INSURANCE ARTICLE.

10 **Article - Insurance**

11 15-1201.

12 (a) In this subtitle the following words have the meanings indicated.

13 (1) "LIMITED BENEFIT PLAN" MEANS THE LIMITED HEALTH BENEFIT PLAN
14 ADOPTED BY THE COMMISSION IN ACCORDANCE WITH § 15-1207 OF THIS SUBTITLE
15 AND TITLE 19, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE.

16 15-1204.

17 (b) ~~[A] EXCEPT FOR THE LIMITED PLAN, A person may not offer a health~~
18 ~~benefit plan in the State unless the person offers at least the Standard Plan.~~

19 (c) [A] EXCEPT FOR THE LIMITED BENEFIT PLAN, A carrier may not offer a
20 health benefit plan that has fewer benefits than those in the Standard Plan.

21 ~~(G) A CARRIER MAY OFFER THE LIMITED PLAN ONLY TO A SMALL EMPLOYER~~
22 ~~THAT:~~

23 ~~(1) HAS NOT PROVIDED A HEALTH BENEFIT PLAN DURING THE~~
24 ~~24 MONTH PERIOD PRECEDING THE DATE OF APPLICATION OR, IF THE SMALL~~
25 ~~EMPLOYER HAS EXISTED FOR LESS THAN 12 MONTHS, FROM THE DATE THE SMALL~~
26 ~~EMPLOYER COMMENCED ITS BUSINESS; AND~~

27 ~~(2) PAYS ITS EMPLOYEES AN AVERAGE WAGE UNDER 200% OF THE~~
28 ~~FEDERAL POVERTY LEVEL.~~

29 15-1207.

30 (a) In accordance with Title 19, Subtitle 1 of the Health - General Article, the
31 Commission shall adopt regulations that specify:

32 (1) the Comprehensive Standard Health Benefit Plan to apply under this
33 subtitle; [and]

1 (2) THE LIMITED HEALTH BENEFIT PLAN TO APPLY UNDER THIS
2 SUBTITLE; AND

3 [(2)] (3) a modified health benefit plan for medical savings accounts that
4 qualify under the federal Health Insurance Portability and Accountability Act of 1996,
5 including:

6 (i) a waiver of deductibles as permitted under federal law;

7 (ii) minimum funding standards for medical savings accounts; and

8 (iii) authorization for offering the modified plan only by those
9 persons who offer the Comprehensive Standard Health Benefit Plan adopted in
10 accordance with item (1) of this subsection.

11 (b) The Commission shall require that the minimum benefits allowed to be
12 offered in the Standard Plan:

13 (1) by a health maintenance organization, shall include at least the
14 actuarial equivalent of the minimum benefits required to be offered by a federally
15 qualified health maintenance organization; and

16 (2) by an insurer or nonprofit health service plan on an
17 expense-incurred basis, shall be actuarially equivalent to at least the minimum
18 benefits required to be offered under item (1) of this subsection.

19 ~~(C) THE COMMISSION SHALL REQUIRE THAT THE BENEFITS ALLOWED TO BE
20 OFFERED IN THE LIMITED PLAN SHALL INCLUDE:~~

21 ~~(1) INPATIENT HOSPITALIZATION COVERAGE FOR:~~

22 ~~(I) THE FIRST 10 DAYS OF INPATIENT HOSPITAL AND
23 PROFESSIONAL SERVICES COVERAGE PER YEAR, WHETHER FOR MENTAL OR
24 PHYSICAL ILLNESS; OR~~

25 ~~(II) THE FIRST 10 DAYS OF INPATIENT HOSPITAL AND
26 PROFESSIONAL SERVICES COVERAGE PER YEAR FOR PHYSICAL ILLNESS ONLY;~~

27 ~~(2) TEN OFFICE VISITS WITH A LICENSED HEALTH CARE PROVIDER FOR
28 EACH INSURED PER YEAR FOR PREVENTIVE CARE AND THE DIAGNOSIS AND
29 TREATMENT OF ANY ILLNESS OR INJURY, INCLUDING REASONABLE COVERAGE OF
30 MEDICALLY NECESSARY LABORATORY AND DIAGNOSTIC PROCEDURES;~~

31 ~~(3) OUTPATIENT SURGICAL PROCEDURES PROVIDED IN A HOSPITAL OR
32 FREESTANDING AMBULATORY SURGICAL FACILITY;~~

33 ~~(4) REASONABLE COVERAGE OF PRENATAL CARE, INCLUDING:~~

34 ~~(I) FOR PRENATAL OFFICE VISITS, A MINIMUM OF:~~

1 ~~1. ONE VISIT PER MONTH DURING THE FIRST TWO~~
 2 ~~TRIMESTERS OF PREGNANCY;~~

3 ~~2. TWO VISITS PER MONTH DURING THE 7TH AND 8TH~~
 4 ~~MONTHS OF PREGNANCY; AND~~

5 ~~3. ONE VISIT PER WEEK DURING THE 9TH MONTH AND~~
 6 ~~UNTIL TERM; AND~~

7 ~~(H) ALL NECESSARY AND APPROPRIATE SCREENINGS, PHYSICAL~~
 8 ~~EXAMINATIONS, LABORATORY AND DIAGNOSTIC PROCEDURES, AND PRENATAL~~
 9 ~~COUNSELING THAT A LICENSED HEALTH CARE PROVIDER DETERMINES ARE~~
 10 ~~NECESSARY;~~

11 ~~(5) REASONABLE COVERAGE OF OBSTETRICAL CARE, INCLUDING~~
 12 ~~SERVICES BY A LICENSED HEALTH CARE PROVIDER, DELIVERY ROOM, POSTPARTUM~~
 13 ~~CARE, AND OTHER MEDICALLY NECESSARY HOSPITAL SERVICES; AND~~

14 ~~(6) REASONABLE COVERAGE OF MEDICALLY NECESSARY EMERGENCY~~
 15 ~~SERVICES.~~

16 ~~{c}~~ ~~(D)~~ (1) Subject to paragraph (2) of this subsection, the Commission
 17 shall exclude or limit benefits or adjust cost-sharing arrangements in the Standard
 18 Plan if the average rate for the Standard Plan exceeds 10% of the average annual
 19 wage in the State.

20 (2) The Commission annually shall determine the average rate for the
 21 Standard Plan by using the average rate submitted by each carrier that offers the
 22 Standard Plan.

23 ~~{d}~~ ~~(E)~~ In establishing benefits UNDER THE STANDARD PLAN AND THE
 24 LIMITED BENEFIT PLAN, the Commission shall judge preventive services, medical
 25 treatments, procedures, and related health services based on:

26 (1) their effectiveness in improving the health status of individuals;

27 (2) their impact on maintaining and improving health and on reducing
 28 the unnecessary consumption of health care services; and

29 (3) their impact on the affordability of health care coverage.

30 ~~{e}~~ ~~(F)~~ The Commission may exclude FROM THE STANDARD PLAN OR THE
 31 LIMITED BENEFIT PLAN:

32 (1) a health care service, benefit, coverage, or reimbursement for covered
 33 health care services that is required under this article or the Health - General Article
 34 to be provided or offered in a health benefit plan that is issued or delivered in the
 35 State by a carrier; or

1 (2) reimbursement required by statute, by a health benefit plan for a
2 service when that service is performed by a health care provider who is licensed under
3 the Health Occupations Article and whose scope of practice includes that service.

4 ~~{(f)}~~ ~~(G)~~ The Standard Plan AND THE LIMITED BENEFIT PLAN EACH shall
5 include uniform deductibles and cost-sharing associated with its benefits, as
6 determined by the Commission.

7 ~~{(g)}~~ ~~(H)~~ In establishing cost-sharing as part of the Standard Plan AND THE
8 LIMITED BENEFIT PLAN, the Commission shall:

9 (1) include cost-sharing and other incentives to help prevent consumers
10 from seeking unnecessary services;

11 (2) balance the effect of cost-sharing in reducing premiums and in
12 affecting utilization of appropriate services; and

13 (3) limit the total cost-sharing that may be incurred by an individual in
14 a year.

15 15-1209.

16 (a) This section does not apply to any insurance enumerated in §
17 15-1201(f)(3)(i) through (xiii) of this subtitle.

18 (b) A carrier shall issue its health benefit plans to each small employer that
19 meets the requirements of this section.

20 (C) (1) A CARRIER THAT OFFERS INSURANCE IN THE SMALL GROUP MARKET
21 SHALL OFFER THE STANDARD PLAN TO EACH SMALL EMPLOYER THAT MEETS THE
22 REQUIREMENTS OF THIS SECTION.

23 (2) (I) IN THIS PARAGRAPH, "PROMINENT CARRIER" MEANS A CARRIER
24 THAT INSURES AT LEAST ~~25%~~ 10% OF THE TOTAL LIVES INSURED IN THE SMALL
25 GROUP MARKET.

26 (II) A PROMINENT CARRIER THAT OFFERS INSURANCE IN THE
27 SMALL GROUP MARKET SHALL OFFER, AND ANY OTHER CARRIER THAT OFFERS
28 INSURANCE IN THE SMALL GROUP MARKET MAY OFFER, THE LIMITED BENEFIT
29 PLAN, BUT ONLY TO A SMALL EMPLOYER:

30 1. THAT HAS NOT PROVIDED THE STANDARD PLAN DURING
31 THE 12-MONTH PERIOD PRECEDING THE DATE OF APPLICATION OR, IF THE SMALL
32 EMPLOYER HAS EXISTED FOR LESS THAN 12 MONTHS, FROM THE DATE THE SMALL
33 EMPLOYER COMMENCED ITS BUSINESS; AND

34 2. FOR WHICH THE AVERAGE ANNUAL WAGE OF THE
35 EMPLOYEES OF THE SMALL EMPLOYER'S GROUP EMPLOYER DOES NOT EXCEED 75%
36 OF THE AVERAGE ANNUAL WAGE IN THE STATE.

1 (III) A SMALL EMPLOYER THAT QUALIFIES FOR AND CHOOSES THE
2 LIMITED BENEFIT PLAN MAY RENEW THE LIMITED BENEFIT PLAN EVEN IF THE
3 AVERAGE ANNUAL WAGE OF THE EMPLOYEES OF THE SMALL EMPLOYER EXCEEDS
4 75% OF THE AVERAGE ANNUAL WAGE IN THE STATE AT THE TIME OF RENEWAL.

5 (D) FOR SMALL EMPLOYERS THAT QUALIFY FOR AND CHOOSE THE LIMITED
6 BENEFIT PLAN, A CARRIER:

7 (1) MUST OFFER COVERAGE FOR ALL ELIGIBLE EMPLOYEES AND
8 DEPENDENTS UNDER THE LIMITED BENEFIT PLAN; AND

9 (2) MAY NOT OFFER THE STANDARD PLAN FOR ANY MEMBERS
10 EMPLOYEES OF THE SMALL EMPLOYER'S GROUP EMPLOYER.

11 [(c)] (E) (1) Nothing in this subsection requires a small employer to
12 contribute to the premium payments for coverage of a dependent of an eligible
13 employee.

14 (2) To be covered under a health benefit plan offered by a carrier, a small
15 employer shall:

16 (i) elect to be covered;

17 (ii) agree to pay the premiums;

18 (iii) agree to offer coverage to any dependent of an eligible employee
19 when coverage is sought by the eligible employee, in accordance with provisions
20 governing late enrollees and any other provisions of this subtitle that apply to
21 coverage;

22 (iv) agree to collect payments for premiums through payroll
23 deductions for coverage of eligible employees and dependents and transmit those
24 payments to the carrier; and

25 (v) satisfy other reasonable provisions of the health benefit plan as
26 approved by the Commissioner.

27 [(d)] (F) (1) In determining whether a small employer satisfies the
28 requirements of this section, a carrier shall apply its requirements uniformly among
29 all small employers with the same number of eligible employees who apply for or
30 receive coverage from the carrier, including a requirement that a minimum
31 percentage of eligible employees of the small employer participate in the health
32 benefit plan.

33 (2) A carrier may vary application of minimum participation of eligible
34 employees only by the size of the group of the small employer.

35 [(e)] (G) A carrier may not require a small employer to contribute to payment
36 of premiums for a health benefit plan.

1 15-1213.

2 (a) This section does not apply to any insurance enumerated in §
3 15-1201(f)(3)(i) through (xiii) of this subtitle.

4 (b) Each benefit offered in addition to the Standard Plan that increases access
5 to care choices or lowers the cost-sharing arrangement in the Standard Plan is
6 subject to all of the provisions of this subtitle applicable to the Standard Plan,
7 including:

8 (1) guaranteed issuance;

9 (2) guaranteed renewal;

10 (3) adjusted community rating; and

11 (4) the prohibition on preexisting condition limitations.

12 (c) (1) Each benefit offered in addition to the Standard Plan that increases
13 the type of services available or the frequency of services is not subject to guaranteed
14 issuance but is subject to all other provisions of this subtitle applicable to the
15 Standard Plan, including:

16 (i) guaranteed renewal;

17 (ii) adjusted community rating; and

18 (iii) the prohibition on preexisting condition limitations.

19 (2) For each additional benefit offered under this subsection, a carrier
20 shall accept or reject the application of the entire group.

21 (3) The Commissioner may prohibit a carrier from offering an additional
22 benefit under this subsection if the Commissioner finds that the additional benefit
23 will be sold in conjunction with the Standard Plan in a manner designed to promote
24 risk selection or underwriting practices otherwise prohibited by this subtitle.

25 [(d) (1) A benefit offered in addition to the Standard Plan to lower the
26 cost-sharing arrangement in the Standard Plan in accordance with § 15-301.1 of the
27 Health - General Article is subject to:

28 (i) guaranteed issuance;

29 (ii) guaranteed renewal;

30 (iii) adjusted community rating; and

31 (iv) the prohibition on preexisting condition limitations.

32 (2) A carrier that offers a benefit under this subsection shall be required
33 to guarantee issuance and guarantee renewal of the additional benefit only to

1 employers who are participating in the MCHP private option plan established under
2 § 15-301.1 of the Health - General Article.]

3 (D) (1) A CARRIER MAY NOT OFFER A BENEFIT IN ADDITION TO THE
4 LIMITED BENEFIT PLAN, EXCEPT FOR AN ADDITIONAL BENEFIT TO LOWER THE
5 COST-SHARING ARRANGEMENTS IN THE LIMITED BENEFIT PLAN.

6 (2) EACH BENEFIT OFFERED IN ADDITION TO THE LIMITED BENEFIT
7 PLAN IS SUBJECT TO ALL OF THE PROVISIONS OF THIS SUBTITLE APPLICABLE TO
8 THE LIMITED BENEFIT PLAN, INCLUDING:

9 (I) GUARANTEED ISSUANCE;

10 (II) GUARANTEED RENEWAL;

11 (III) ADJUSTED COMMUNITY RATING; AND

12 (IV) THE PROHIBITION ON PREEXISTING CONDITION LIMITATIONS.

13 (3) THE COMMISSIONER MAY PROHIBIT A CARRIER FROM OFFERING AN
14 ADDITIONAL BENEFIT UNDER THIS SUBSECTION IF THE COMMISSIONER FINDS THAT
15 THE ADDITIONAL BENEFIT WILL BE SOLD IN CONJUNCTION WITH THE LIMITED
16 BENEFIT PLAN IN A MANNER DESIGNED TO PROMOTE RISK SELECTION OR
17 UNDERWRITING PRACTICES OTHERWISE PROHIBITED BY THIS SUBTITLE.

18 SECTION 3. AND BE IT FURTHER ENACTED, That:

19 (a) on or before July 1, 2005, the Maryland Health Care Commission shall
20 adopt regulations that specify the Limited Health Benefit Plan, as required under §
21 15-1207(a)(2) of the Insurance Article, as enacted by Section 2 of this Act; ~~and~~

22 (b) in specifying the Limited Health Benefit Plan, the Maryland Health Care
23 Commission shall:

24 (1) ensure that the actuarial value of the Limited Health Benefit Plan
25 does not exceed 70% of the actuarial value of the Comprehensive Standard Health
26 Benefit Plan as of January 1, 2004; and

27 (2) consider including in the Limited Health Benefit Plan the benefits
28 required to be included in a limited benefits policy authorized by Chapter 434 of the
29 Acts of 1991;

30 ~~(b)~~ (c) the Maryland Health Care Commission and the Maryland Insurance
31 Commissioner shall take all other actions necessary to ensure that the Limited
32 Health Benefit Plan is available to be offered in the small group health insurance
33 market on July 1, 2005; ~~and~~

34 (d) on or before July 1, 2005, the Maryland Insurance Administration shall
35 adopt regulations that:

1 (1) specify a disclosure statement notifying a small employer that the
 2 limited health benefit plan provides only basic benefits, and that more comprehensive
 3 coverage is available under the Comprehensive Standard Health Benefit Plan; and

4 (2) require a carrier that offers the Limited Health Benefit Plan to
 5 obtain a signed disclosure statement from the small employer at the time of the initial
 6 purchase of coverage and at renewal; and

7 (e) on or before July 1, 2005, the Maryland Insurance Administration, in
 8 consultation with health insurance carriers and producers, shall develop a uniform
 9 form that health insurance carriers and producers must use to collect the information
 10 necessary to determine that a small employer that applies for coverage under a Limited
 11 Health Benefit Plan meets the criteria required under § 15-1209(c)(2)(ii)1 and 2 of the
 12 Insurance Article, as enacted by Section 1 of this Act.

13 SECTION 4. AND BE IT FURTHER ENACTED, That, on or before January 1,
 14 2008, the Maryland Health Care Commission shall submit to the Governor and, in
 15 accordance with § 2-1246 of the State Government Article, to the Senate Finance
 16 Committee and the House Health and Government Operations Committee, a report
 17 that includes:

18 (a) for the periods July 1, 2005 through ~~June 30, 2006~~ December 31, 2005, and
 19 ~~from July~~ January 1, 2006 through July 1, 2007 December 31, 2006, and January 1,
 20 2007 through June 30, 2007, data on:

21 (1) the number of carriers offering Limited Health Benefit Plan policies
 22 in the State;

23 (2) the number of Limited Health Benefit Plan policies ~~in effect~~ sold in
 24 the State;

25 (3) the number of eligible employees covered under the policies;

26 (4) the average age, geographic area ~~of residence~~, and ~~income level of~~
 27 ~~eligible employees~~ average wage of each employer group covered under the policies;
 28 and

29 (5) the impact of the Limited Health Benefit Plan on the small group
 30 health insurance market and the population of uninsured individuals in the State;
 31 and

32 (b) recommendations on continuing or expanding the availability of the
 33 Limited Health Benefit Plan in the small group health insurance market.

34 SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect
 35 July 1, 2004. It shall remain effective for a period of 4 years and, at the end of June
 36 30, 2008, with no further action required by the General Assembly, this Act shall be
 37 abrogated and of no further force and effect.

